PTO/SB/82 (01-06)

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CHANGE OF CORRESPONDENCE ADDRESS			Examiner Name			H. NGUYEN	
SINISE OF CONTROL ON DENGE ADDRESS				Attorney Docket Number			
I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							11
OR .							
I hereby appoint the practitioners associated with the Customer Numb				mber:	er: 78905		
Please change the correspondence address for the above-identified application to:							
The address associated with Customer Number:			78905				
OR							
Firm or Individual Name						*	
Address							
City			State			Zip	
Country							
Telephone				Email			
Tam the: ☐ Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	1,70,79,20						
Name	NICOLA J MEEK, O recon Ltd						
Date	13 Aug	ист 2008	Te	elephone	0044	+ 1208	261691
NOTE: Signature	s of all the inven	tors or assignees of record of the entire interest o	or thair rep	resentative(s)	are required. Su	ıbmit multiple f	orms if more than one

Filing Date

Art Unit

First Named Inventor

REVOCATION OF POWER OF

ATTORNEY WITH

NEW POWER OF ATTORNEY

signature is required, see below.